



## Medicaid Advisory Committee *Meeting Minutes* May 25, 2017

### **Members Present**

*Chairperson Matthew Brooks, Interim Medicaid Director Allison Taylor, Dr. Leila Alter, Herb Hunter, Blayne Miley, Ted Danielson, Terry Cole, Representative Ron Bacon, Michael Phelps, Jason Kolkmeier, Jon Thompson, Kim Williams, Evan Reinhardt, Barbara McNutt, Zach Cattell, Dr. Jennifer Walthall, Senator Ed. Charbonneau, Nancy Swigonski*

### **I. Opening Comments**

Chairperson Matt Brooks opened the meeting of the Medicaid Advisory Committee (MAC). He welcomed the members and guests and stated that the MAC meeting will serve as the first public hearing for the Medicaid Waiver under HIP 2.0.

### **II. Review of Minutes – August 25, 2016**

Chairperson Brooks asked the committee if they had reviewed the February 24, 2017 draft meeting minutes. Mr. Brooks then asked for any additions, changes, or deletions. Nancy Swigonski stated that on page two line two the phrase “fee-for-service” should be removed as it discusses all of Medicaid, not just fee-for-service. With the requested change, the February 24, 2017 minutes were approved.

### **III. MAC Updates**

Chairperson Brooks announced that Allison Taylor will be the Interim Medicaid Director and joining the MAC, as well as, Dr. Jennifer Walthall, the FSSA Secretary, and Ed Charbonneau, Senate Representative.

### **IV. Rules**

Rate Reduction Extension Rule (LSA 17-130)

Jeremy Hoffman from the Office of General Counsel for FSSA stated that this proposed rule: amends 405 IAC 1-4.2-4 to extend the three percent rate reduction for covered home health agency (HHA) services through June 30, 2019; amends 405 IAC 1- 8-3 to extend the three percent rate reduction for covered outpatient hospital services through June 30, 2019; amends 405 IAC 1-10.5-6 to extend the three percent rate reduction for covered inpatient hospital services through June 30, 2019; and 405 IAC 1-14.6-26 to extend the three percent rate reduction for covered nursing facilities through June 30, 2019. The rule was signed and approved by both the Governor and Attorney General. On May 23rd, 2017, the rule was submitted for final publication in the Indiana Register and would become effective in 30 days.

### **V. Update from FSSA Secretary on HIP Waiver**

FSSA Secretary, Dr. Jennifer Walthall, discussed the HIP amendments to the HIP waiver application. She stated that the first round of HIP 2.0 expires in January of 2018, but FSSA has submitted an extension to begin on February 1, 2018. HIP 2.0 serves over 400,000 Hoosiers and FSSA now can look at the data and make enhancements based on this information.



One objective is to enhance by changing the power account contribution (PAC) payments from 2% of income to a fixed tier contribution so that the member will be able to predict what they will be paying over an extended period, which allows for preplanning.

Another enhancement is to modify the transitional medical assistance program known as TMA in the HIP population to only apply to members who have an increase in income and are put at risk of losing coverage. The TMA program allows individuals to continue coverage for six months after their increase in income.

Also, Indiana Medicaid will continue to cover eligible refugees for their first 8 months under fee-for-service to ensure they have health care coverage. After 8 months, they will be eligible for HIP.

To combat Substance Use Disorders Medicaid will be improving access to substance use disorder treatment to attract more providers and reimburse them with enhanced reimbursement rates.

Lastly, Medicaid will connect unemployed individuals with employment programs. Gateway to work will roll out in 2019. Once operational, certain members would need to meet Gateway to Work requirements for 8 out of 12 months of their coverage.

#### **VI. CoreMMIS Update**

Deputy Medicaid Director Shane Hatchett stated that *CoreMMIS* is still experiencing some issues that are being addressed, but they are nearly up to date with all the eligibility information. Their overall goal is to have eligibility issues resolved by end of June 2017. The biggest issue that has been noted is the wait times at DXC Technology, previously known as HPE, call centers. They have been actively working with DXC Technology to provide training and DXC Technology is now meeting every service level agreement within the call center, but not in the case of the Provider enrollment. DXC is hiring more staff and changing how they bring staff on board so they can get these applications processed more promptly.

Deputy Director Hatchett stated they have 6,400 open applications for provider enrollment and have plans in place to be able to address this issue. DXC Technology have been adding staff in their area with mandatory overtime. Mr. Hatchett noted that they are triaging items with change of ownership, revalidations, and recertification because they are time sensitive and to make sure the overall enrollment is not impacted due to backlog.

#### **VII. FSSA Updates**

There were no FSSA updates.

#### **VIII. Public Comments**

There were no public comments.

#### **IX. Next MAC Meetings**

MAC Meeting: Thursday, August 31, 2017 1:00pm -3:00pm IGCS; Conference Room 22